# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	OFFICE USE ONLY					
NAME	NICKNAME LAST	SUFFIX	Date Received				
	Doransk	-1					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE 76542	MAR 2 0 2024				
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  (254) 368-110	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	МІ	Receipt # Amount \$				
NAME	NICKNAME LAST	OHEEN.	Date Processed				
		SUFFIX	Date Imaged				
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY:					
TREASURER	1801 Robert Tyler D		STATE; ZIP CODE				
ADDRESS	1001 Nobert Stier	F. Meek	TX 76542				
(Residence or Business)							
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION					
PHONE	(254) 368-1110						
9 REPORT TYPE							
• KLFOKI IIPE	January 15  30th day before election Runoff  15th day after campaign treasurer appointment (Officeholder Only)						
	July 15 8th day before 6	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year	Month	Day Year				
COVERED	01/31/2024	THROUGH 63 /	25 / 2024				
11 ELECTION	ELECTION DATE	ELECTION TYPE					
	Month Day Year Primary	y Runoff Other Description					
	05/04/2024 Genera	al Special					
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)					
44 NOTICE		Place 6-KISD					
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITUR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	RES MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR				
O O WINNT TEE(O)	COMMITTEE TYPE   COMMITTEE NAME						
	COMMITTEE ADDRESS						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TR	REASURER NAME					
	COMMITTEE CAMPAIGN TI	REASURER ADDRESS					
	GO TO	PAGE 2					
	3010	T I T W Inter Stee					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

16 C/OH NAME		16 Filer ID (Ethics Commission Filers)
John	1. Doranski	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ _ 0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ .0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1349.29
	4. TOTAL POLITICAL EXPENDITURES	\$ 1349.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ - & -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
1	swear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information
16	quiled to be reported by the under true 15, Election 50de.	
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) At eave * My M	IFER PRYMUSZEWSKI Notary ID # 133583987 Ires February 11, 2026	
NOTARY STAMP/SEA	AL	
	before me by John Doranski this the	20 day of March
July To	which, witness my hand and seal of office.  Sennifer Rymuszewsk	Notary Public  Title of officer administering oath
Signatule of officer administ	ering oath  Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
	, and my date of birth i	S
My address is	1	· · · · · · · · · · · · · · · · · · ·
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of (mon	th) 20
	Signature of Cand	idate/Officeholder (Declarant)

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)					
	John A. Doranski						
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURE'S MADE FROM POLITICAL CO	NTRIBUTIONS	\$				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 829.29				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 829.29 \$ 1349.29				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$				
	- Marie Carlotte Control of the Cont						

### **EXPENDITURES**

7 PAYEE

EXPENDITUR	E2 MADE B	Y CREDI	I CAR	עא	S	CHEDULE F4
If the requested inform	ation is not applicabl	e, <b>DO NOT in</b>	clude this	page in the repo	ort.	3
	EXPE	NDITURE CAT	EGORIES	FOR BOX 10(a)		2
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By Gift/Awards	age Expense Memorials Expense	Office Ov Polling E Printing E		Transportation Travel In Dist Travel Out Of	
The Instruction	Guide explains how to co	mplete this form.		USE A NEW PAGE FO	OR EACH CREDI	T CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME John A.	Doransk			3 FILER ID	(Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$	829.29
5 CREDIT CARD ISSUER	Name of financial instituti					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit Card	Issuer Paid	
	\$ 63.21	3-12-20	24	3-12-2024		
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State, Zip Code
	Unique Photo	)	Amaz	(Ard		
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
Political	Advertising Paper Signs					
Non-Political	**				Austin, TX, officehol	der living expense
Complete ONLY if direct	Candidate / Officeholder name Office Sought				Of	fice Held
expenditure to benefit C/OH	John A. Doranski Kist PL. b					
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit Card	l Issuer Paid	
	\$ 22.16	2-29-	2024	2-29-202	, પ	
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State, Zip Code
	Go Daddy.	Cum	tuz	tem		
PURPOSE OF	(a) Category (See Categories lis	sted at the top of this sche	dule)	(b) Description	Doransl	i Forkisd. Com

V 8 PURPOSE OF (a) **EXPENDITURE** Political Non-Political (c) Ca 9 Complete ONLY if direct expenditure to benefit C/OH (a) **PAYMENT** \$ PAYEE (a) **PURPOSE OF** (a **EXPENDITURE** Political Check if Austin, TX, officeholder living expense Non-Political Check if travel outside of Texas. Complete Schedule T. Office Held Office Sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH KISD PL 6 (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged (a) Amount Charged **PAYMENT** \$ 169,85 3-13-2024 3-13-2024 (a) Payee name (b) Payee address; State, Zip Code PAYEE kill een office Depot (b) Description **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) **EXPENDITURE** Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Non-Political Office Sought Office Held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH KISD PLB ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F4

If the requested inform	nation is not applicab	ole, <b>DO NOT in</b>	clude this	page in the repo	rt.	
	EXP	ENDITURE CAT	regories	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit The Instruction	By Gift/Award	erage Expense s/Memorials Expense rices	Office O Polling E Printing	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) R EACH CREDIT CARD ISSUER	
1 TOTAL PAGES	2 FILER NAME					
SCHEDULE F4: 5	John A		L'		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXP		- DB ( W.	3		\$ 829.29	
5 CREDIT CARD	Name of financial institut	ion				
ISSUER	MASTER	CAEDI	rica			
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu		(a) Data(a) Credit Cord to		
· ATMENT		(b) Date Expenditt	ire Charged	(c) Date(s) Credit Card Is	suer Paid	
• .	\$ 6.28	3-13-20	24	3-13-2024		
7 PAYEE	(a) Payee name		(b) Payee add	Lancing the second seco	City, State, Zip Code	
	1					
C DUDDOCT OF	Lowes			K'.	lleen	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories lis	ted at the top of this sched	dule)	(b) Description		
Political	Advertisin		Poster spray - RAin Protect			
Non-Political (A)						
					stin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n			ice Sought	Office Held	
, , , , , , , , , , , , , , , , , , , ,	John D	usengli	\	Liso PL6		
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Is	suer Paid	
	\$ 58.41	3-2-202	ч.	3-2-2024		
PAYEE	(a) Payee name		(b) Payee add	iress;	City, State, Zip Code	
			^			
PURPOSE OF	Amazon			2000.com		
EXPENDITURE	(a) Category (See Categories list	ted at the top of this sched	lule)	(b) Description		
> Political	Advertising	5		13x19 Francing for Posters		
Non-Political	(c) Check if travel outs		Schedule T		stin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder n					
expenditure to benefit C/OH		A 1		ice Sought	Office Held	
		anski		iso PLG		
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Iss	suer Paid	
	\$ 110.40	3-2-2020		3-2-2024		
PAYEE	(a) Payee name	7 2 2 2	(b) Payee add		City, State, Zip Code	
			(b) rayee auc	11 233,	City, State, Zip Code	
	Craig Fran	446	A	mazor		
PURPOSE OF	(a) Category (See Categories list		ule)	(b) Description		
EXPENDITURE						
Non-Political					nes for Pub. AD	
L 14011-1 Ollificat		ide of Texas. Complete	Schedule T.	Check if A	Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ce Sought	Office Held	
Appenditure to belieff C/On	John Dor	anski	v.	:50 PL6		
	2000	-410-2				
	ATTACH ADDIT	IONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED	

#### SCHEDULE F4

If the requested inforr	mation is not applicat	ole, <b>DO NOT ir</b>	nclude this	s page in the re	port.	4
	EXP	ENDITURE CA	TEGORIES	FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit	By Gift/Award	erage Expense Is/Memorials Expense rices	Office O Polling E Printing	payment/Reimbursemer verhead/Rental Expens Expense Expense ///ages/Contract Labor	Transportation Equipment & Related E Travel In District Travel Out Of District Other (enter a category not listed abov	
		implete this form.		USE A NEW PAGE	FOR EACH CREDIT CARD ISSUER	
SCHEDULE F4:	2 FILER NAME	A. Doro	anglio		3 FILER ID (Ethics Commission	Filers)
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD			\$ 829,29	
5 CREDIT CARD ISSUER	Name of financial institut	1			W to VI to	
6 DAVBAPATT	MAGTER C	The state of the s	VISA			
6 PAYMENT	(a) Amount Charged	(b) Date Expendit	J	(c) Date(s) Credit Ca		
7 DAVES	13.19	3-1-207	24	3-1-2024		
7 PAYEE	(a) Payee name	<b>.</b>	(b) Payee ad		City, State, Zip Code	
8 PURPOSE OF	Bright Crea		A STATE OF THE PARTY OF THE PAR	a zon		-
EXPENDITURE	(a) Category (See Categories lis		dule)	(b) Description	\$	
× Political	Adrentisin	9		Easel Bo	ne165	
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check	if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r			ice Sought	Office Held	
	John Do	The second second second	to service the state of the first	isd PLb		
PAYMENT	(a) Amount Charged	(b) Date Expendito		(c) Date(s) Credit Ca	rd Issuer Paid	
DAVEC	67.60	2-27-20		5-57-543	24	-
PAYEE	(a) Payee name		(b) Payee add	dress;	City, State, Zip Code	
	Golden State			120N		
PURPOSE OF EXPENDITURE	(a) Category (See Categories lis		dule)	(b) Description		
× Political	A) intisin	5		5 x 7 Wh:	he mat Frames	
Non-Political	(c) Check if travel outs	side of Texas. Complet	e Schedule T.		if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder n	ame	Off	ice Sought	Office Held	
expenditure to benefit C/OH	John Do	ranski	¥	isd PLL		
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Car	rd Issuer Paid	
	\$ 73.80	2-26-20	<b>ટ</b> પ	2-26-20	24	
PAYEE	(a) Payee name		(b) Payee add	lress;	City, State, Zip Code	Total Control of the
	Amazon		12m	zons. com		
PURPOSE OF EXPENDITURE	(a) Category (See Categories list	ted at the top of this sched		(b) Description		
Political	Advertisin	9		16 XZU 70	ster Frame	
Non-Political	(c) Check if travel outs	ide of Texas. Complete	Schedule T.	Chec	k if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Offi	ce Sought	Office Held	
·	John Do	~ \.'	1.	50 PL6		
	70 kg 20	Canse'	1	2010		

### SCHEDULE F4

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER 1 TOTAL PAGES 2 FILER NAME 3 FILER ID (Ethics Commission Filers) SCHEDULE F4: John 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Name of financial institution 5 CREDIT CARD **ISSUER** MASTER LARD (a) Amount Charged 6 PAYMENT (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid 35.11 3-1-2024 3-1-2024 7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Advertising Political Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office Sought 9 Complete ONLY if direct Office Held expenditure to benefit C/OH JOL. Kisd Pub **PAYMENT** (a) Amount Charged (c) Date(s) Credit Card Issuer Paid (b) Date Expenditure Charged \$ 30.81 3-1-2024 3-1-2024 PAYEE (a) Payee name (b) Payee address: City, State, Zip Code Killeen **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Advertising Business (ARS Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office Sought Office Held expenditure to benefit C/OH John Duransk. **PAYMENT** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid \$ 250.00 3-14-2024 3-14-2024 PAYEE (a) Payee name (b) Payee address: City, State. Zip Code Killern DAILY Horald Killern **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Pol. AD in Sunda Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office Sought Complete ONLY if direct Office Held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

	EXP	ENDITURE CAT	<b>FEGORIES</b>	FOR BOX 10(a)	*
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit			Office C Polling I Printing	epayment/Reimbursement twerhead/Rental Expense Expense Expense sWages/Contract Labor USE A NEW PAGE FOR	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) EACH CREDIT CARD ISSUER
1 TOTAL PAGES	2 FILER NAME				
SCHEDULE F4:	Z HELKINGE	0	1.		3 FILER ID (Ethics Commission Filers)
- Children	2062	A. Dura	ungk"		
4 TOTAL OF UNITEMIZED EXP	PENDITURES CHARGED TO A	CREDIT CARD			\$ 829,29
5 CREDIT CARD	Name of financial institut	ion	************************		
ISSUER	MASTER CA	RO IVI	6.0		
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu		(c) Date(s) Credit Card Iss	use Paid
V I ATTWICK!	(a) Amount charged	(b) Date Expenditt	ire Charged	(c) Date(s) Credit Card iss	uer Paid
7 PAYEE	\$ 86.49	2-26-20		2-26-2024	
, TAILL	(a) Payee name		(b) Payee ad	dress; (	City, State, Zip Code
	PaloozA		1000	(2007)	·
8 PURPOSE OF	(a) Category (See Categories li	rtad at the tan of this school	-	T	
EXPENDITURE	(a) accessor y lace caregories in	sted at the top of this sched	idiej	(b) Description	,
> Political	Adractisi.	• 9		124 28 8 hoster	Part
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.		tin, TX, officeholder living expense
9 Complete ONLY if direct	Coulding to the country of the count				
expenditure to benefit C/OH				Office Held	
				risD PLG	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Iss	uer Paid
DAVE	\$ 11.99	2-26-2	THE RESERVE AND PARTY AND PERSONS ASSESSED.	2-26-2024	
PAYEE	(a) Payee name		(b) Payee add	dress; C	ity, State, Zip Code
	Amazon		Dance.	300)	
PURPOSE OF		ted at the top of this school			
EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
<b>★</b> Political	Advertising 12 x 22 thato faper				to faper
Non-Political	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder r	name		ice Sought	Office Held
expenditure to benefit C/OH	John Doro	anski	K	isd PLb	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Issu	uer Paid
	\$ 118.99	2-26-201		2-26-2024	
PAYEE	(a) Payee name		(b) Payee add		ity, State, Zip Code
			(b) Tayee aut	11633,	ity, State, Zip Code
	Amazun		Am	420W. Com	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description				
No Political	Advertisin	1		17×22 : 13 x19	Paper
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder n	ame	Offi	ice Sought	Office Held
expenditure to benefit C/OH	John Dor	anski	12	Siso PLb	
		4115 mi	*	-180 100	
	ATTACH ADDIT	IONAL COPIES	OF THIS	SCHEDULE AS NEE	DED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

If the requested information is not applicable, **DO NOT include this page in the report.** 

		EXPENDITURE CAT	EGORIES	FOR BOX 8(a)				
(	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/V		xpense Nages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a categor	ent & Related Expense		
	•	The Instruction Guide expla	alns how to	complete this form.				
1	Total pages Schedule G:	2 FILER NAME John A. Doro	ansk	1	3 Filer ID (Ethics	Commission Filers)		
4	Date	5 Payee name	and the second s					
	3-23-2024	master Card   Visa	master Card   Visa					
6	Amount (\$)  \$29.29  Reimbursement from political contributions intended	7 Payee address;		City;	State;	Zip Code		
8	PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description				
	OF EXPENDITURE	Addrew tising		Pay Purchase	made by	creditear)		
		(c) Check if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder living ex	pense		
	omplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held		
_	D /							
	Date	Payee name	S					
_	3-23-202Y Amount (\$)	Payee address;	vews !	City:	State;	Zip Code		
	Reimbursement from political contributions intended	1.0. Box 10125		killeen	<b>T</b> *	7 4 5 4 7		
	PURPOSE	Category (See Categories listed at the top of thi	is schedule)	Description				
	OF EXPENDITURE	Advertising Full Page and own 3-13-2024						
	EXPENDITORE	Check if travel outside of Texas. Complete	Schedule T.		. TX, officeholder living e			
_	Complete ONLY if direct	Candidate / Officeholder name		Office sought	,	Office held		
_	expenditure to benefit C/G	John N. Dorang	slei	kisd Prb				
	Date	Payee name						
	Amount (\$)	Payee address;		City;	State;	Zip Code		
	Reimbursement from political contributions intended							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	is schedule)	Description				
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder living e	xpense		
	complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	. ,	Office sought		Office held		
		ATTACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	ED			
risonano			The second contract of					